MARYLAND STATE DEPARTMENT OF HEALTH

02840

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — LENGTH OF STAY (in this place) — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ontario Canada — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cochrane — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	ALFRED	Belisle	3 —	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W		2-26-1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Auto Business	Masson Quebec Canada	Canada

13. FATHER'S NAME: Joseph A Belisle

14. MOTHER'S MAIDEN NAME: Clara Mageron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Jeanne Belisle Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 months
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard F. Daly	M.D.	La Plata, Md.	3/27/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/27/53	Cochrane	Ontario Canada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/27/53	Julia H. Casey	Hewett Funeral Home	Needy, Md.

RECEIVED
MAR 30 1953
BUREAU V. S.

Item 8 Film 152 5/17/53 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02841

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Laplata Md
LENGTH OF STAY (in this place) 19 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital Laplata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey Md
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (none) (Last) Briscoe

4. DATE OF DEATH: (Month) (Day) (Year) 3-5-53 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-20-~~75~~ 74

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: √

11. BIRTHPLACE (State or foreign country): St. Marys County Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Calvart Briscoe

14. MOTHER'S MAIDEN NAME: Lucretia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wife, Sarah Briscoe, Pomonkey Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hmorrhage — Interval Between Onset and Death: 17 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio Sclerosis — Interval Between Onset and Death: Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of left side

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-53 to 3-5-53, 19..., that I last saw the deceased alive on 3-5-53, 19..., and that death occurred at 12-45 Pm., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James Berkheiser Indian Head Md 3-5-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/9/53

NAME OF CEMETERY OR CREMATORY St. Josephs

LOCATION (City, town, or county) (State) Camfield, Md.

DATE REC'D BY LOCAL REG. 3/6/53

REGISTRAR'S SIGNATURE Julia H. Barry

24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon, Waldorf, Md.

VS. A15—8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 9 1953
BUREAU V. S.

02842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physician Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Burroughs

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Month Jan 22 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: House Work.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Fowler
14. MOTHER'S MAIDEN NAME: Eliza Culent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) USA
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Raymond Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3-20-53

DUE TO

Antecedent cause(s) (b) Hypertension — 1950

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1953, to 3-29, 1953, that I last saw the deceased alive on 3-29, 1953, and that death occurred at 7.55 p.m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 3-30-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/2/53
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) (State) Issue
DATE REC'D BY LOCAL REG. 3/30/53
REGISTRAR'S SIGNATURE Hunt & Ryan Julia H. Casey
24. FUNERAL DIRECTOR Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02843

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Patricia (Middle) Ann (Last) Dyson
4. DATE OF DEATH (Month) 3 (Day) 1 (Year) 53

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 10-13-46
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md. Charles
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Dyson
14. MOTHER'S MAIDEN NAME Mary L. ~~Dyson~~ Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Dyson Pomonkey Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

081X

Immediate cause (a) Malnutrition — Life

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Polio and — Life

(c) imbilicility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 3-1-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3-4-53 NAME OF CEMETERY OR CREMATORY St Joseph LOCATION (City, town, or county) Pomfret Md (State)

DATE REC'D BY LOCAL REG. 3/2/53 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Bro Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
MAR 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02844

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 11 DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) (Last) HAMILTON

4. DATE OF DEATH: (Month) MARCH (Day) 21 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOVEMBER 30, 1884

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWARD OSBORN

14. MOTHER'S MAIDEN NAME: AMANDA TOLMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. ANN VERKOSKI, BRYANTOWN, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) CEREBRAL HEMORRHAGE, LEFT — Interval Between Onset and Death: 21 DAYS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ESSENTIAL HYPERTENSION — 3 YEARS

DUE TO

(c) GENERALIZED ARTERIO-SCLEROSIS — 3 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1951, to MARCH, 1953, that I last saw the deceased alive on MARCH 21, 1953, and that death occurred at 4.50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John M. Griffin M.D. Hughesville, Md. 3/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: 3-25-53 | NAME OF CEMETERY OR CREMATORY: Okeland | LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG. 3/25/53 | REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hunt & Son ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

62845

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CECELIA Laurene HYDE

4. DATE OF DEATH: (Month) (Day) (Year) 3 24 1953.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Nov. 15, 1951
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): La Plata, Md
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Albert A. Hyde
14. MOTHER'S MAIDEN NAME: Laura Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Albert A. Hyde, Port Tobacco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/ix

Immediate cause (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3-22-53

DUE TO

Antecedent cause(s) (b) undetermined neurologic condition

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) since birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1951 to 3-24, 1953, that I last saw the deceased alive on 3-24, 1953, and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF Mch 26 53 NAME OF CEMETERY OR CREMATORY St Thomas LOCATION (City, town, or county) Bealton (State) Md

DATE REC'D BY LOCAL REG. 3/25/53 REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Gon Waldorf ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-5

MAR 27 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
LENGTH OF STAY (in this place) 40 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) LOUISE (Last) KILHOFFER.

4. DATE OF DEATH (Month) MARCH (Day) 13 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DECEMBER 4, 1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OHIO
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME GEORGE V. WALTER
14. MOTHER'S MAIDEN NAME ALMA BAUMGARTEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MR. CHARLES KILHOFFER; HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CORONARY THROMBOSIS	20 MINUTE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS WITH ANGINA PECTORIS	10 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JULY, 1947, to MARCH 13, 1953, that I last saw the deceased alive on MARCH 13, 1953, and that death occurred at 8.00 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (Degree or title) M.D. ADDRESS Hughesville, Md. DATE SIGNED 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/16-53
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) (State) Bryantown

DATE REC'D BY LOCAL REG. 3/16/53 3/17/53
REGISTRAR'S SIGNATURE [illegible] Julia H. Casey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf

RECEIVED
MAR 19 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles | STATE MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Point | LENGTH OF STAY (in this place) Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Charles | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Point | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph | (Middle) | (Last) Marbury

4. DATE OF DEATH: (Month) Mch | (Day) 12 | (Year) 1953

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: ?

9. AGE last birthday: 92 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Charles Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henson Marbury

14. MOTHER'S MAIDEN NAME: Jenny ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Kate Tubbs Berry, Nanjemoy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cardio-renal disease — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1930., to Mch 12, 1953, that I last saw the deceased alive on Mch 12, 1953, and that death occurred at 7.20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Bicknell | ADDRESS Marbury Md | DATE SIGNED March 14 1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF March 15 1953 | NAME OF CEMETERY OR CREMATORY Oak Grove Baptist Church | LOCATION (City, town, or county) Nanjemoy | (State) Md.

DATE REC'D BY LOCAL REG. March 14/53 | REGISTRAR'S SIGNATURE J. V. Thompson

24. FUNERAL DIRECTOR Stanley Penny | ADDRESS Mooks Springs Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LA PLATA

LENGTH OF STAY (in this place) 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MARY (Last) STINNETT

4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DECEMBER 25, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES ALBERT GOLDSMITH

14. MOTHER'S MAIDEN NAME: DRUSCILLA WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. FRANCES GOODE HUGHESVILLE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443x

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CORONARY THROMBOSIS	15 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1951, to MARCH, 1953, that I last saw the deceased alive on MARCH 22, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE John M. Griffin (DEGREE OR TITLE) M.D. ADDRESS HUGHESVILLE, MD. DATE SIGNED 3/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/25/53

NAME OF CEMETERY OR CREMATORY Old Field

LOCATION (City, town, or county) Hughesville (State) Md

DATE REC'D BY LOCAL REG. 3/24/53

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunter-Wyvill Wadeyard ADDRESS

RECEIVED
MAY
BUREAU OF

02849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Claggett (Last) Simmons
4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 30-1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME Elwood Simmons
14. MOTHER'S MAIDEN NAME Betsy Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Myrtle Simmons Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause 422.2	(a) Coronary Occlusion	Immed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	6-7 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to March 29, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank G. Susan M.D. ADDRESS Indian Head Md DATE SIGNED 3-30-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Apr 1-1953
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Pomfret (State) Md

DATE REC'D BY LOCAL REG. 3/30/53
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02850

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Al

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek
STREET ADDRESS (If rural, give location): Box 175 A

3. NAME OF DECEASED: (Type or Print) (First) Norris (Middle) Peters (Last) Webster

4. DATE OF DEATH: (Month) (Day) (Year) March 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: Nov. 25, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationery Engineer, Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Webster

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I U. S. Navy

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Norris N. Wright, Accokkek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Mitral Regurgitation — DUE TO — Interval Between Onset and Death: Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Myocardial Failure — DUE TO — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Chronic — Indefinite

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:54 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Indian Head, Md. DATE SIGNED 3-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-24-53

NAME OF CEMETERY OR CREMATORY: Arlington, Nat'l.

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-24-53

REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Co., 14th & Harvard Sts. N. W. Washington, D. C.

RECEIVED
MAR 27 1953
BUREAU V. S